

NATIONAL PRIORITIES PARTNERSHIP

Priorities and Goals

Engage Patients and Families in Managing Health and Making Decisions about Care

We envision care that honors each individual patient and family, offering voice, control, choice, skills in self-care, and total transparency, and that can and does adapt readily to individual and family circumstances, and differing cultures, languages and social backgrounds.

The Partners will work together to ensure that:

All patients will be asked for feedback on their experience of care.

All patients will have access to tools and support systems that enable them to effectively navigate and manage their care.

All patients will have access to information and help that enables them to make informed decisions about their treatment options.

Improve the Health of the Population

We envision communities that foster health and wellness as well as national, state, and local systems of care fully invested in the prevention of disease, injury, and disability – reliable, effective, and proactive in helping all people reduce the risk and burden of disease.

The Partners will work together to ensure that:

75 percent of Americans receive the most effective preventive services recommended by the U.S. Task Force on Clinical Preventive Services.

The most important healthy lifestyle behaviors known to promote health are all adopted by 25 percent of the population.

The health of the American population is improved by 10 percent.

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Improve the Safety and Reliability of America’s Healthcare System

We envision a healthcare system that is relentless in continually reducing the risks of injury from care, aiming for “zero” harm wherever and whenever possible. We envision systems that can promise absolutely reliable care, guaranteeing that every patient, every time, receives the benefits of care based solidly in science. We envision healthcare leaders and practitioners intolerant of defects or errors in care, and seeking ever to improve, irrespective of their current levels of safety and reliability.

The Partners will work together to ensure that:

All providers and healthcare professionals will drive to lower the incidence of healthcare-induced harm, disability or death toward zero and will focus relentlessly on continually reducing and seeking to eliminate all healthcare-associated infections (HAI) and serious adverse events.

Healthcare-associated infections include, but are not limited to:

- Catheter-associated blood stream infections*
- Catheter-associated urinary tract infections
- Surgical site infection
- Ventilator-associated pneumonia*

(See CDC’s Infectious Diseases in Healthcare Settings for a more inclusive list.)

Serious adverse events include, but are not limited to:

- Pressure ulcers
- Wrong site surgery*
- Falls
- Air embolism
- Blood product injury
- Foreign objects retained after surgery
- Adverse drug events associated with high alert medications

(See National Quality Forum’s Serious Reportable Events for a more inclusive list.)

All hospitals will reduce preventable and premature hospital-level mortality rates to best-in-class.**

All hospitals and their community partners will improve 30-day mortality rates following hospitalization for select conditions (AMI, heart failure, pneumonia) to best-in-class.

* Some hospitals have reduced the incidence of these infections and events to zero for sustained periods of time.

** “Best-in-class” will be determined by using the [Achievable Benchmarks in Care \(ABC\)](#)™ methodology, which was developed at the University of Alabama at Birmingham under an initiative through the Agency for Healthcare Research and Quality. ABCs represent objective data-driven benchmarks that have already been achieved by best practice providers.

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Ensure Patients Receive Well-Coordinated Care across all Providers, Settings, and Levels of Care

We envision a healthcare system that affordably guides patients and families through their healthcare experience with assured privacy, secure transitions, and tracking and sharing of appropriate information between healthcare providers, while respecting patient choice, and offering both physical and psychological support. In such a system each patient knows and has a strong relationship with the practitioner accountable for their care.

The Partners will work together to ensure that:

Providers and healthcare professionals will continually strive to improve care and achieve quality by soliciting and carefully considering feedback from all patients (and their families when appropriate) regarding coordination of their care.

Medication information is clearly communicated to patients, family members, and next practitioner and/or provider of care, and medications are reconfirmed each time a patient experiences a transition in care.

All providers and healthcare professionals will work collaboratively with patients to reduce 30-day readmission rates.

All providers and healthcare professionals will work collaboratively with patients to reduce preventable emergency department visits by 50 percent.

Guarantee Appropriate and Compassionate Care for Patients with Life-Limiting Illnesses

We envision healthcare capable of promising dignity, comfort, companionship, and spiritual support to patients and families facing advanced illness or dying, fully in synchrony with all of the resources that community, friends and family can bring to bear at the end of life.

The Partners will work together to ensure that:

All patients with life-limiting illnesses will have access to effective treatment for relief of suffering from symptoms such as pain, dyspnea, nausea, serious bowel problems, delirium, and depression.

All patients with life-limiting illnesses and their families should have access to help with psychological, social and spiritual needs.

All patients with life-limiting illnesses should receive effective communication from physicians and nurses about their options for treatment; realistic information about their prognosis; timely, clear, and honest answers to their questions; advance directives; and a commitment not to abandon them regardless of their choices over the course of their illness.

All patients with life-limiting illnesses receive high-quality palliative care and hospice services.

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Eliminate Waste While Ensuring the Delivery of Appropriate Care

We envision healthcare that promotes better health and more affordable care by continually and safely rooting out and stopping the burden of unscientific, inappropriate and excessive care, including tests, drugs, procedures, visits, and hospital stays.

The Partners will work together to ensure that:

Wasteful and inappropriate care is reduced 50 percent in the following nine targeted areas.

- **Inappropriate medication use**
Targeting inappropriate antibiotic use and polypharmacy (for multiple chronic conditions; of antipsychotics).
- **Unnecessary laboratory tests**
Targeting panels (e.g., thyroid, SMA 20), special testing (e.g., Lyme Disease with regional considerations).
- **Unwarranted maternity care interventions**
Targeting unwarranted cesarean section.
- **Unwarranted diagnostic procedures**
Targeting cardiac computed tomography (non-invasive coronary angiography and coronary calcium scoring), lumbar spine MRI prior to conservative therapy, without red flags, uncomplicated chest/thorax CT screening, bone or joint x-ray prior to conservative therapy, without red flags, chest x-ray, preoperative, on admission, or routine monitoring, endoscopy
- **Unwarranted procedures**
Targeting spine surgery, percutaneous transluminal coronary angioplasty (PTCA)/Stent, knee/hip replacement, coronary artery bypass graft (CABG), hysterectomy, prostatectomy.
- **Unnecessary consultations**
- **Preventable emergency department visits and hospitalizations**
Targeting potentially preventable emergency department visits, hospital admissions lasting less than 24 hours, and ambulatory care sensitive conditions.
- **Inappropriate non-palliative services at end of life**
Targeting chemotherapy in the last 14 days of life, inappropriate interventional procedures, and more than one ED visit in the last 30 days of life.
- **Potentially harmful preventative services with no benefit**
Targeting BRCA mutation testing for breast and ovarian cancer - female, low risk, CHD: Screening using ECG, ETT, EBCT - adults, low risk, carotid artery stenosis screening – general adult population, cervical cancer screening – female over 65, average risk; female, post-hysterectomy, prostate cancer screening – male over 75 (From the U.S. Preventive Services Task Force D Recommendations List).